



"Your Child's Care is Our Focus!"

Nitrous Oxide Sedation or Lorazepam Consent Form

It has been determined that your child may benefit by receiving sedative medications, and/or nitrous oxide gas, so that the dental treatment can be accomplished more easily.

The medications and/or nitrous oxide are used to reduce anxiety caused by the dental environment, alter the intensity to which your child may react at the appointment and create a secure feeling. Although your child may still react to certain sounds or stimuli, during the visit, the medication and/or nitrous oxide have amnesiac qualities and therefore greatly diminish any negative experiences.

There are minimal risks associated with any sedation procedure. To eliminate complications due to possible nausea, please have your child eat only a LIGHT meal three hours prior to nitrous oxide sedation. The most common reported adverse side effects are dizziness, weakness fatigue, lethargy, disorientation, amnesia, nausea and headaches.

Please note that our office deals with children's dental problems, many of which are severe on a daily basis. All of our staff is very accustomed to dealing with these sedative agents. Your child's heart rate and oxygen saturation may be monitored during their appointment with a pulseoximeter and/or precordial stethoscope.

INFORMED CONSENT

I, the undersigned hereby give permission to the Tot2Teen Dental doctor and staff to render dental treatment to my son or daughter who has the given name of

_____.

I acknowledge that the nature of the treatment has been explained to me and that I have read the above information on sedation for children and have been informed of the risks and benefits of providing this treatment. I am aware that there will be a charge for this sedation which is payable at the time of booking and will not be covered by my dental insurance plan.

Parent or legal guardian:

Date:

Witness:

Date:

Dr. Anita B Gartner Inc. *Certified Specialist in Pediatric Dentistry*

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